

April 10, 2001

CUST ID No.226252

ROBERT J MCPEAK
109 E 1ST ST
BLACK RIVER FALLS WI 54615-9003

RE: PETITION FOR VARIANCE

CODE SECTION: COMM 5.92(3)(a)

Identification Numbers
Transaction ID No. 629825
Please refer to the identification number above in all correspondence with the agency.

REQUIREMENT: A person applying for a master plumber-restricted service license examination shall have at least 1,000 hours of experience per year for at least 2 consecutive years as a licensed journeyman plumber-restricted service.

Your Petition for Variance of code section noted above has been reviewed.

The code section petitioned requires a person taking the Master Plumber-Restricted Service license to have experience as a Journeyman Plumber-Restricted Service.

The variance requested is to allow a full Journeyman Plumber to take the Master Plumber-Restricted examination.

The intent of the code section petitioned is allowing individuals to expand their licensure as their experience allows.

The petitioner submitted a notarized SBD-9890 application form including additional pages of supporting documents.

Reviewer's Comments:

1. The petitioner is currently licensed as a Journeyman Plumber in the State of Wisconsin.
2. Evidence was submitted indicating a minimum of 1,000 hours per year experience for two consecutive years as a Journeyman plumber.
3. The intent of the code has been met because the petitioner has completed all minimum criteria to write the Master Plumber Restricted Service Exam.

Departmental Action: CONDITIONAL APPROVAL

Conditions of Approval:

1. All of the petitioner's statements included on the variance application form, any other documents submitted to the Department, and all conditions of approval, if any, listed below shall be carried out. This variance is specific to the subject petition and cannot be used for any additional modifications.
2. Submitter will be allowed to take the Master Plumber-Restricted Service License examination based on his nine years of experience as a Journeyman Plumber. The \$50 exam fee has already been received.

This decision will become final unless the department within 30 days from the date of this letter receives a written request for a hearing. A request for hearing should be sent to the address shown on this letterhead. A copy of this letter must be included with the request for a hearing. The request for hearing should state the reasons for objecting to the department's decision, because a request for hearing may be denied if it does not present a significant question in fact, law or policy.

Inquiries concerning this correspondence may be made to me at the telephone number listed below, or at the address on this letterhead.

Sincerely,

JAMES H. MILLER
INTEGRATED SERVICES
(608)266-8072 , MONDAY-FRIDAY 7:00AM-4:30PM
JMILLER@COMMERCE.STATE.WI.US

DATE RECEIVED 03/15/2001

FEE REQUIRED \$ 200.00

FEE RECEIVED \$ 200.00

BALANCE DUE \$ 0.00

WiSMART code: 7657